

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/565138

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		2		1			54						
5		3		1			55						
6		4		1			56						
7	1	1	1	1			57						
8		3		1			58						
9		3		1			59						
10		8		1			60						
11	1	7		1			61						
12		6		1			62						
13				1			63						
14				1			64						
15				1			65						
16							66						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	↓		↓		↓		TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←	19	←		←		TOTAL DEP.	←		←		←	
TOTAL CLAIMS		15					TOTAL CLAIMS						